College of Nurses' Travel Scholarship Award: Conference Report

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I would like to thank the College of Nurses, Aotearoa for awarding me the 2016 Travel Scholarship. The scholarship supported my travel to Ontario for the Canadian Health Workforce conference, which was attended by an international group of health professionals, researchers and policy makers. I was also able to connect with providers of Nurse Practitioner education during my time in Toronto, and was then able to stop over for the Qualitative Health Research Conference in British Columbia.

Conference Report:

The Canadian Health Workforce Conference (CHWC) was held in Ottawa 3-5 October 2016. It brought together people with an interest in, and responsibility for, health workforce planning, such as academics, researchers, and policy makers. The Conference was organised by the Canadian Health Human Resources Network (CHHRN), which identifies Health Workforce New Zealand among its international contacts. The theme for the CHWC was "Optimising the Health Workforce", building on recent Canadian and other international reports, including the Naylor (2015) Report on health innovation, the OECD Report (2016), and the WHO Global Health Strategy (2016). My interest in this conference was the focus on optimising scopes of practice and seeking ways to both conserve and increase capacity in our existing New Zealand nursing workforce.

Theme 1: Optimizing health professional scopes of practice

Sessions focused on the idea the current health professional scopes of practice are not aligned to population health needs. Instead they are shaped along traditional political lines reflecting the policy legacies of past times. Presentations included;

- Ideas about groups of practitioners with team output measures in the context of practice with communities or populations in place of traditional roles and scopes of practice
- Interprofessional collaborative care approaches, with advanced collaborative practice competencies and evidence based guidelines
- Myth busting – nationally coordinated regulatory approach is needed (eg. Australia) Canada currently has different legal jurisdictions for the regulation of health care practitioners across its different provinces – see 'tools' portal on CHHRN website for more information about 'myth busting'
- Some health professions, especially Nurses, are 'underperforming' in health care because of structural barriers that disable them, and they may be doing some work that could be delegated to, or shared with, other health workers. Presenters argued that legislation needs to enable health practitioners to work in ways that are broader – some interventions need 'a suitably qualified practitioner'.

Key findings of the Naylor (2015) Report on health Innovation include the need to close the gap between the rhetoric of patient centered care and the reality experienced by many people using health services. Co-designing better integrated services with clients as central has the potential to create more collaborative and better focused health care delivery, particularly with the innovative use of mobile and other health technologies. The Report of the Canadian Expert Panel (2014) on optimizing scope of practice argues that determining optimal scopes of practice for health care providers is an essential element of this transformation. It suggests that systems that define and regulate scopes of practice for health professionals have been developed according the historical requirements of past health systems, population health needs, and the interests of specific health professions. The fit between scopes of practice and models of care is key to transforming health care system to meet current population health needs. The OECD report (2016), referred to by several presenters at this conference, provides comprehensive data sets on social, health and economic

references for OECD countries. Health workforce migration, non-medical determinants of health and health care quality indicators are also included.

Theme 2: Global health workforce strategy

James Campbell, WHO Director of workforce development, presented findings from the Report of the High-Level Commission on Health Employment and Economic Growth. The report identifies a need for new narratives in health care, including;

- Recognising that job creation adds to the economy. The health workforce generates wealth, with multiple impacts, rather than being a cost or drain on the economy of a country
- Gender equality and women's rights such equity in leadership roles within health services and the impact of a feminized health workforce, pay and conditions
- Health education and training that is fit for purpose – the right person in right place at the right time. Transformative educational approaches, skills and job creation
- Technology both in education and health care is a critical issue underpinning the effectiveness of the health workforce
- Health workforce planning on a global basis with migration accounted for both in home countries and rights and conditions in adopted countries – understanding credentialing and employment across borders

New Zealand was identified as the country most dependent on migration for health workers with one third of medical migrants leaving one year after full registration and residency was acquired. Internationally there is significant pressure on regulatory bodies to register a wide range of migrant health professionals, but often the regulatory frameworks in recipient countries were never designed for the current issues in migration. See the WHO (2014) report *Migration of health workers: the WHO code of practice and the global economic crisis* for information about challenges in implementing the code of practice.

Theme 3: Interprofessional education – optimizing human capital

One of the panel sessions emphasized interprofessional teams as integral to a transformed health care system. This session explored the following themes with panelists;

- Organizing health care delivery to optimize the health workforce;
- The number and types of health care providers that are needed;
- Whether interprofessional models of care improve the delivery of care in terms of quality, efficiency and effectiveness; and
- The data standards, data and tools needed to measure these models of care, as well as their design and development.

The WHO (2010) report on a *Framework for Action on Interprofessional Education & Collaborative Practice*, informed key aspects of this discussion. John Gilbert's presentation explored some of the challenges in moving towards an interprofessional in undergraduate education. Gaetan La Fortune also discussed the potential for interprofessional teams to optimize health care delivery, and reduce the waste of human capital in the existing health workforce. He argued that nursing is the largest proportion of the health workforce and potentially the group that health services could derive the most benefit from in terms of shared or expanded scopes of practice. He also suggested that nurses who have a master's degree are those most likely to be under-utilized in the Canadian health workforce, so there is a significant capacity to enlarge the role that nurses play in the delivery of health care.

Research – *Professional lives 'lost' to the health workforce: A case analysis*

The CHWC and Qualitative Health Research Conference also provided opportunities to present my research on professional misconduct.

Each year in New Zealand, there are professional 'lives' lost to the health workforce through disciplinary action for misconduct. However, the practitioners found guilty of misconduct have often been well educated and are experienced in their field. It is important to notice the factors leading to disciplinary action against health practitioners in order to prevent the loss of knowledge, skill and other capabilities from the health workforce.

References

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